

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/512542
FILING DATE _____
APPLICANT(S) _____

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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8						
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10						
11		/				
12			/			
13			/			
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18			/			
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20			/			
21			/			
22			/			
23			/			
24			/			
25			/			
26			/			
27			/			
28		\$	/			
29			/			
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46						
47						
48						
49						
50						
TOTAL IND.		↓	/	↓		↓
TOTAL DEP.	←	18	←	←		←
TOTAL CLAIMS		19				